



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Shook For Reynoldsburg				
Full Name of Contributor O'Connor For Congress			Registration Number, if PAC	
Street Address P.O. Box 10292		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43201	Date (MM/DD/YYYY) 4/18/2019	Amount 250.00
Full Name of Contributor Jean M. Williams			Registration Number, if PAC	
Street Address 6367 Portsmouth Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Date (MM/DD/YYYY) 8/3/2019	Amount 25.00
Full Name of Contributor Reynoldsburg Area Democrats			Registration Number, if PAC	
Street Address 550 E. Walnut St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 8/20/2019	Amount 100.00
Full Name of Contributor Reynoldsburg Area Democrats			Registration Number, if PAC	
Street Address 550 E. Walnut St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 9/3/2019	Amount 250.00
Full Name of Contributor Tyack Law Firm Co., LPA			Registration Number, if PAC	
Street Address 536 South High St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 9/3/2019	Amount 200.00

*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]